# Case Management Information System (CMIS)

Carolyn Roberts, RN, BSN, CCM
Chief, Medical Management
Womack Army Medical Center
Fort Bragg, NC

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# Areas of Responsibility

- Case Management
- Discharge Planning & Placement
- Disease Management
- Population Health Improvement
- Utilization Management
- Facilitate Referral Management (Emergent Only)

# CMIS

- Purpose: A successful CM program optimizes technology by using an automated, electronic software application for implementing the CM process. A software application provides case managers the ability to efficiently track patients, document the treatment plan, and obtain quantitative/qualitative measures of effectiveness and return on investment (ROI).

# History

- Case Management program implemented at WAMC July 1, 2004
- Prior to April 16, 2007 utilized a CM database adapted from a database developed at the 96th Medical Group, Eglin AFB

# Database Challenges

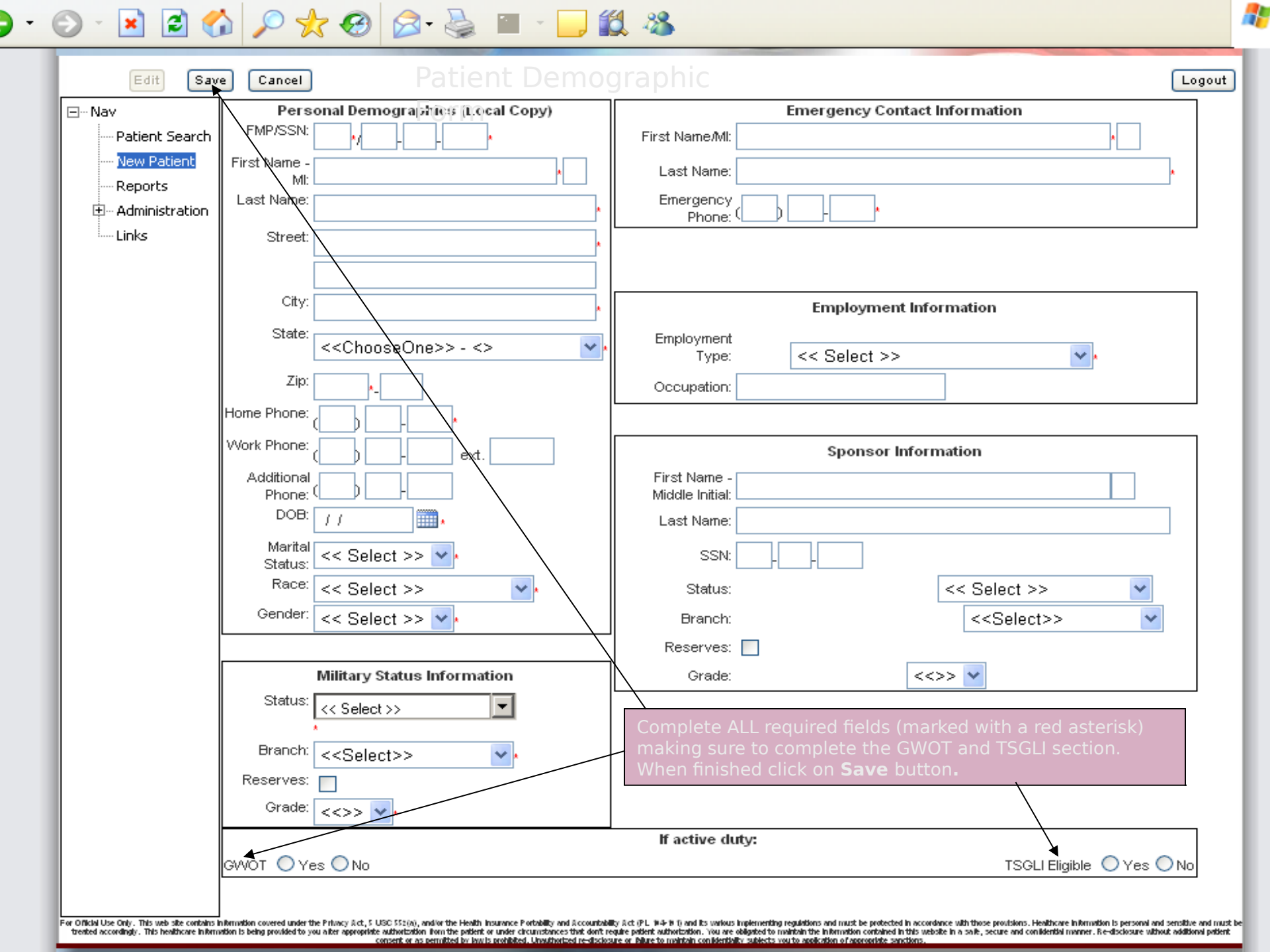
- Very unstable due to volume of patients, >15,000
- Unable to generate accurate reports
- Unable to capture individual case manager's workload
- Allowed duplicate entries
- Unable to efficiently capture patient outcomes and ROI

# Revise Case Management Database

- Revise current database so more user friendly and less time consuming
- To complete and migrate to SQL format to improve security and sustainability
- Secure funding for revision- Initial funding from TMA Aug 05, additional funding from WAMC- July 06
- Hire database programmer- Oct 05, July 06
- Re-engineer and rewrite the different components of the Microsoft Access Database into a SQL application format which will be a more functional product that meets the users' needs (i.e. Case Management Process)

# CMIS Encounter Types

- New Patient Encounter
- CM Evaluation
- CM Care Plan
- Discharge Plan
- Return on Investment (ROI)
- Durable Medical Equipment (DME)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Patient Demographic
Logout
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Patient Search
New Patient
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Personal Demographics (Local Copy)
FMP/SSN:
First Name - MI:
Last Name:
Street:
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Zip:
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Additional Phone:
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Marital Status:
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Emergency Contact Information
First Name/MI:
Last Name:
Emergency Phone:
Employment Information
Employment Type:
<< Select >>
Occupation:
Sponsor Information
First Name - Middle Initial:
Last Name:
SSN:
Status:
<< Select >>
Branch:
<<Select>>
Reserves:
Grade:
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Military Status Information
Status:
<< Select >>
Branch:
<<Select>>
Reserves:
Grade:
<<>>
Complete ALL required fields (marked with a red asterisk) making sure to complete the GWOT and TSGLI section. When finished click on Save button.
If active duty:
GWOT Yes No
TSGLI Eligible Yes No
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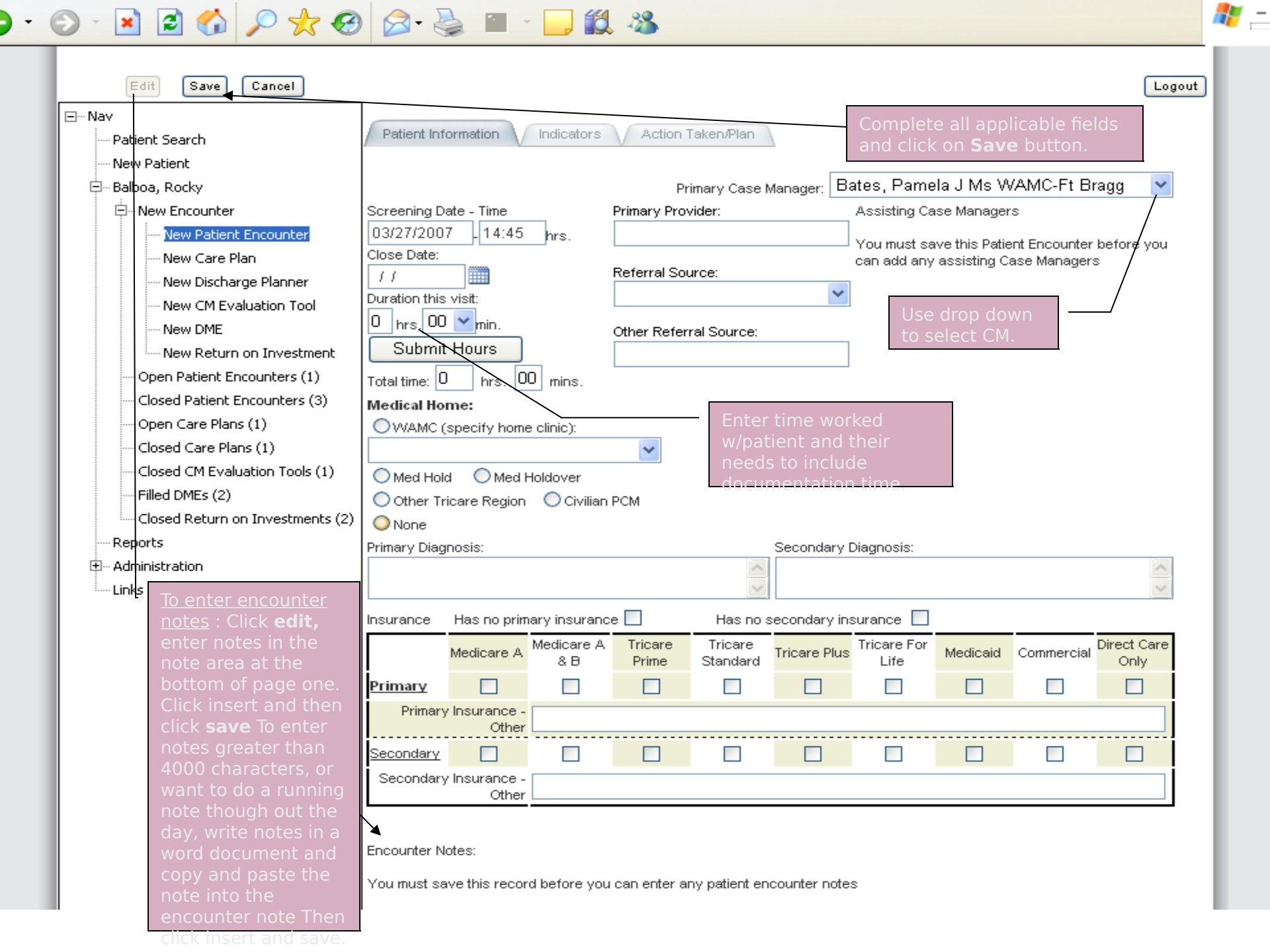
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Balboa, Rocky
New Encounter
New Patient Encounter
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New Discharge Planner
New CM Evaluation Tool
New DME
New Return on Investment
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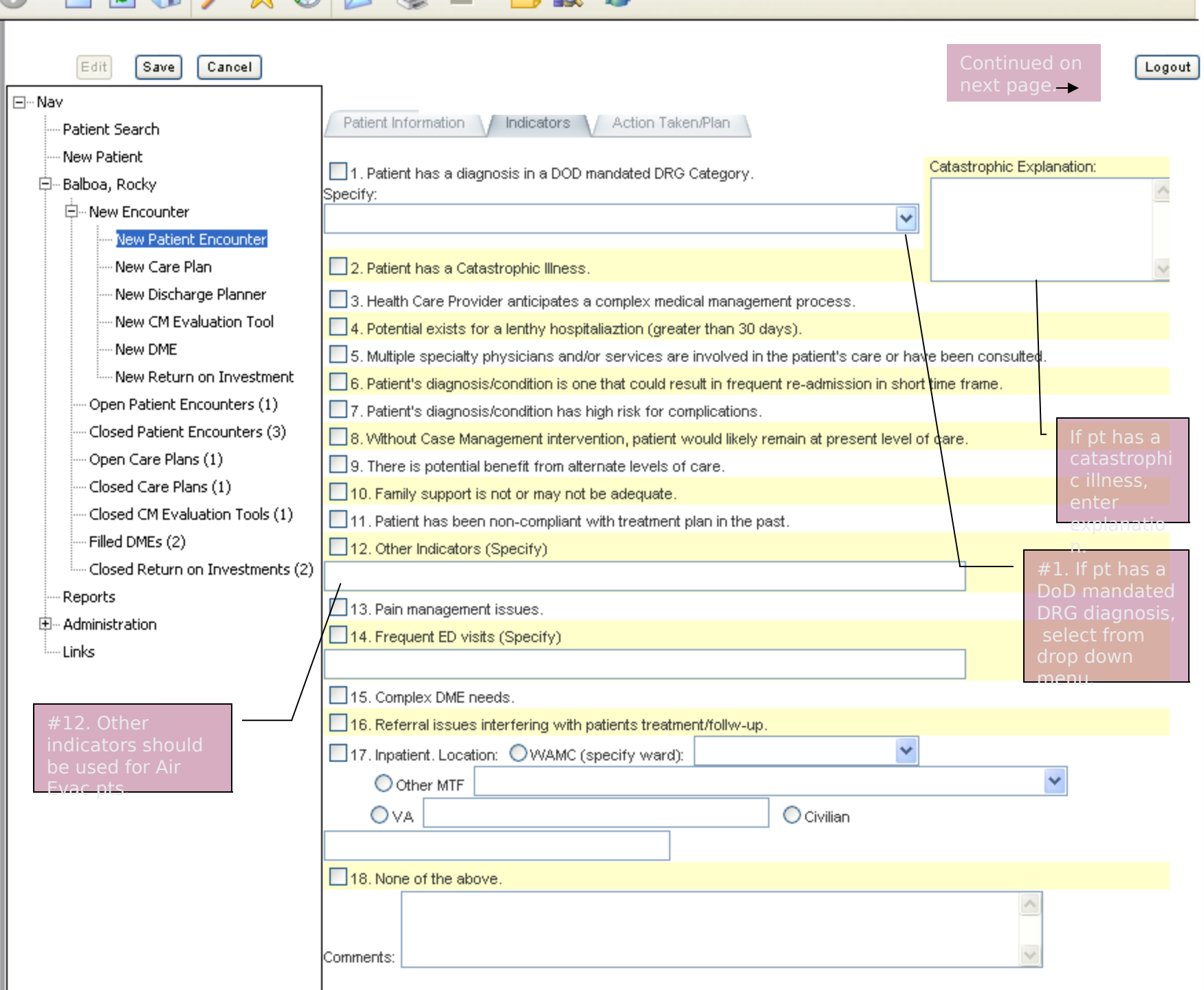
Closed Patient Encounters (3)
Open Care Plans (1)
Closed Care Plans (1)
Closed CM Evaluation Tools (1)
Filled DMEs (2)
Closed Return on Investments (2)
Reports
Administration
Links
Patient Information
Indicators
Action Taken/Plan
Complete all applicable fields and click on Save button.
Primary Case Manager:
Bates, Pamela J Ms WAMC-Ft Bragg
Screening Date - Time
03/27/2007
14:45
hrs.
Close Date:
Duration this visit:
0
hrs
00
min.
Submit Hours
Total time:
0
hrs
00
mins.
Primary Provider:
Referral Source:
Other Referral Source:
Assisting Case Managers
You must save this Patient Encounter before you can add any assisting Case Managers
Use drop down to select CM.
Medical Home:
WAMC (specify home clinic):
Med Hold
Med Holdover
Other Tricare Region
Civilian PCM
None
Enter time worked w/patient and their needs to include documentation time
Primary Diagnosis:
Secondary Diagnosis:
Insurance
Has no primary insurance
Has no secondary insurance
Medicare A
Medicare A & B
Tricare Prime
Tricare Standard
Tricare Plus
Tricare For Life
Medicaid
Commercial
Direct Care Only
Primary
Primary Insurance - Other
Secondary
Secondary Insurance - Other
To enter encounter notes : Click edit, enter notes in the note area at the bottom of page one. Click insert and then click save To enter notes greater than 4000 characters, or want to do a running note though out the day, write notes in a word document and copy and paste the note into the encounter note Then click insert and save.
Encounter Notes:
You must save this record before you can enter any patient encounter notes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Indicators
Action Taken/Plan
1. Patient has a diagnosis in a DOD mandated DRG Category.
Specify:
Catastrophic Explanation:
2. Patient has a Catastrophic Illness.
3. Health Care Provider anticipates a complex medical management process.
4. Potential exists for a lenthy hospitaliaztion (greater than 30 days).
5. Multiple specialty physicians and/or services are involved in the patient's care or have been consulted.
6. Patient's diagnosis/condition is one that could result in frequent re-admission in short time frame.
7. Patient's diagnosis/condition has high risk for complications.
8. Without Case Management intervention, patient would likely remain at present level of care.
9. There is potential benefit from alternate levels of care.
10. Family support is not or may not be adequate.
11. Patient has been non-compliant with treatment plan in the past.
12. Other Indicators (Specify)
13. Pain management issues.
14. Frequent ED visits (Specify)
15. Complex DME needs.
16. Referral issues interfering with patients treatment/follw-up.
17. Inpatient. Location: WAMC (specify ward):
Other MTF
VA
Civilian
18. None of the above.
Comments:
If pt has a catastrophic illness, enter explanation.
#1. If pt has a DoD mandated DRG diagnosis, select from drop down menu.
#12. Other indicators should be used for Air Evac pts.

Edit | Save | Cancel

Logout

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Patient Information | Indicators | Action Taken/Plan

Referral meets Case Managment screening criteria ○ Yes ○ No Date: / /

If no, explain:

Determining if pt meets CM screening criteria is dependent on the judgment of the CM. If several indicators are marked, there must be an explanation as to why no referral was made to Case Management.

Referred to ◉ WAMC CM ○ TriCare CM ○ Other CM

Date referral made: / / ○ Referral not made.

If 'Other' or 'No referral made', explain:

Other CM should be marked if the pt is in or transferred to another region or if "***referral not made***" is marked, enter explanation.

Requires disposition/discharge plan ○ Yes ○ No Date: / /

Disposition/Discharge plan notes:

An explanation of what was done for that pt; i.e. DME arranged.

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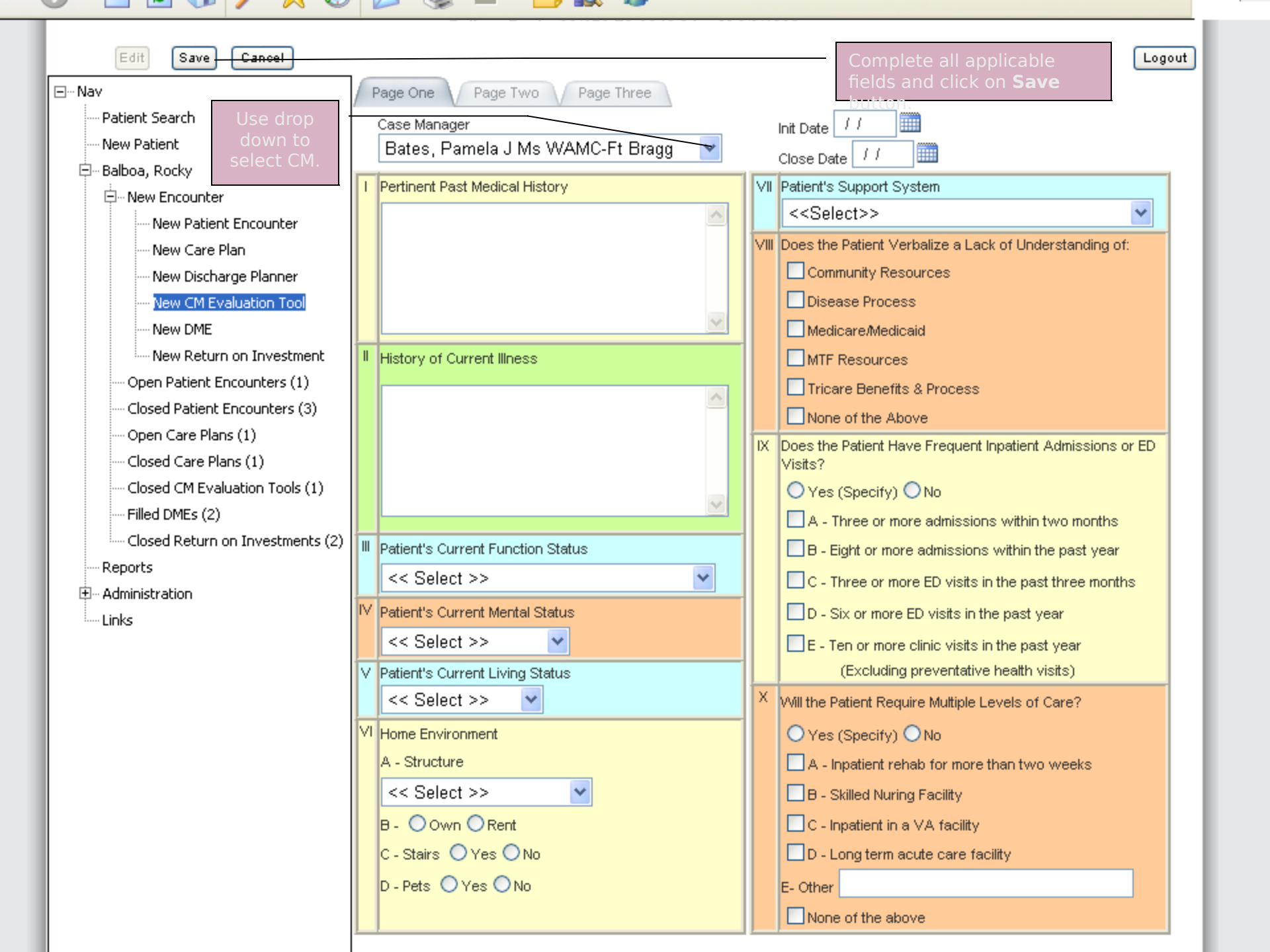
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Case Manager
Bates, Pamela J Ms WAMC-Ft Bragg
Init Date
Close Date
I Pertinent Past Medical History
II History of Current Illness
III Patient's Current Function Status
<< Select >>
IV Patient's Current Mental Status
<< Select >>
V Patient's Current Living Status
<< Select >>
VI Home Environment
A - Structure
<< Select >>
B - Own Rent
C - Stairs Yes No
D - Pets Yes No
VII Patient's Support System
<<Select>>
VIII Does the Patient Verbalize a Lack of Understanding of:
Community Resources
Disease Process
Medicare/Medicaid
MTF Resources
Tricare Benefits & Process
None of the Above
IX Does the Patient Have Frequent Inpatient Admissions or ED Visits?
Yes (Specify) No
A - Three or more admissions within two months
B - Eight or more admissions within the past year
C - Three or more ED visits in the past three months
D - Six or more ED visits in the past year
E - Ten or more clinic visits in the past year
(Excluding preventative health visits)
X Will the Patient Require Multiple Levels of Care?
Yes (Specify) No
A - Inpatient rehab for more than two weeks
B - Skilled Nuring Facility
C - Inpatient in a VA facility
D - Long term acute care facility
E- Other
None of the above

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Complete all applicable fields and click on **Save** button.

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XI

- [ ] A - High Cost DME (List)
- [ ] B - Multiple Therapies (In Home or Outpatient) Greater Than Eight Weeks (List)
- [ ] C - Wound Care In-Home Greater than Four Weeks Requiring Skilled Nursing Visits (Describe)
- [ ] D - Multiple Physicians/Specialists With No Coordination of Care
- [ ] E - Home IV Infusion Therapy > One Week
- [ ] F - Polypharmacy (Ten or More Perscribed Medications)
- [ ] G - High Cost Medicine Unavailable at the MTF
- [ ] H- None of the Above

XII

Are There Unusual Circumstances or Areas CM can Impact? ○ Yes (Specify) ○ No

- [ ] A - Out of Area Services
- [ ] B - High Utilization of Resources With Opportunities for Cost Avoidance
- [ ] C - High Profile or Visibility Case (i.e. Congressional Issues)
- [ ] D - Global War on Terror
- [ ] E - None of the Above

All Air Evacs and Non-battle Injuries.

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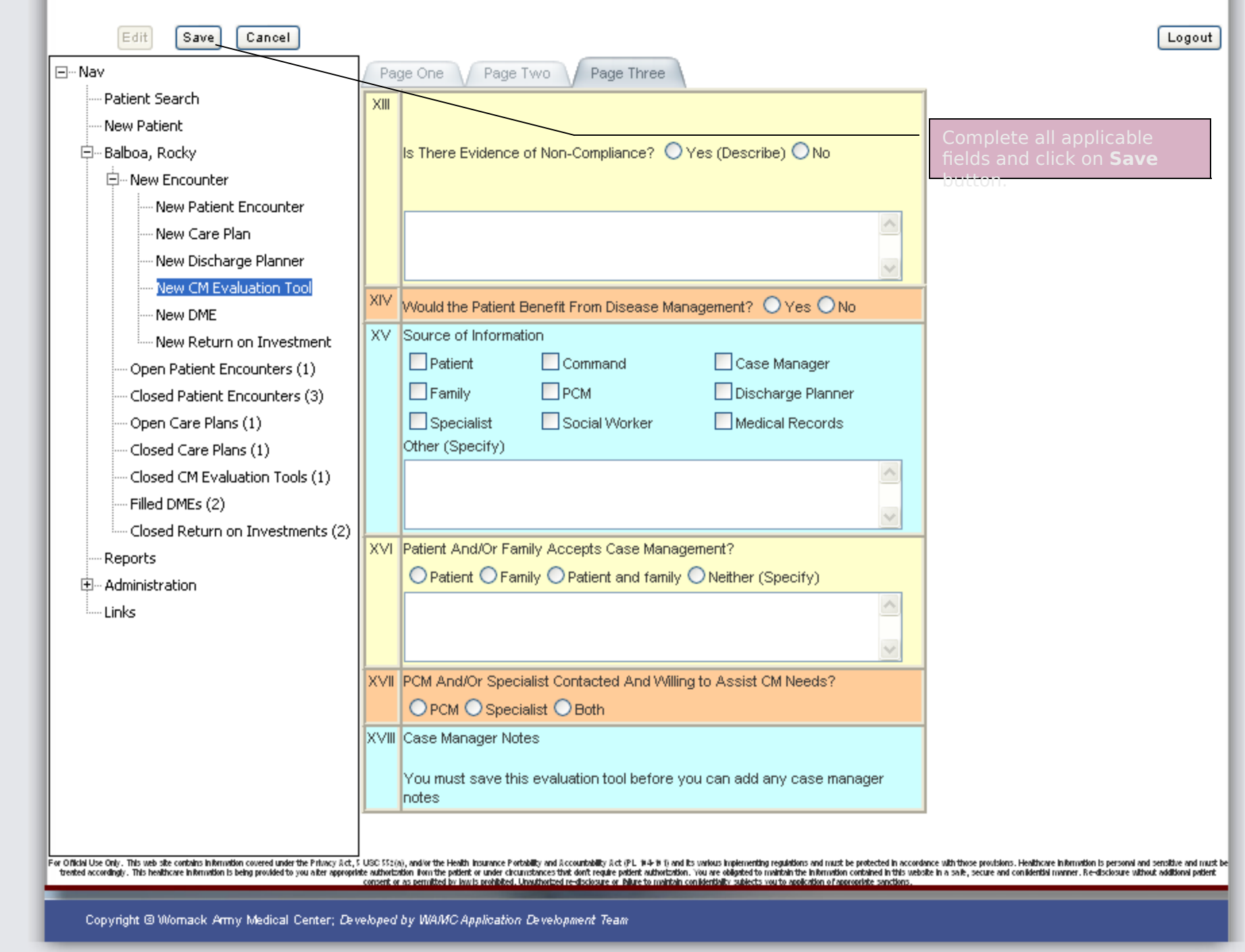
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XIII
Is There Evidence of Non-Compliance? Yes (Describe) No
XIV
Would the Patient Benefit From Disease Management? Yes No
XV
Source of Information
Patient
Command
Case Manager
Family
PCM
Discharge Planner
Specialist
Social Worker
Medical Records
Other (Specify)
XVI
Patient And/Or Family Accepts Case Management?
Patient
Family
Patient and family
Neither (Specify)
XVII
PCM And/Or Specialist Contacted And Willing to Assist CM Needs?
PCM
Specialist
Both
XVIII
Case Manager Notes
You must save this evaluation tool before you can add any case manager notes
Complete all applicable fields and click on Save button.
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Date will default to date of entry.

Case Manager: Abling, Amy Zita M Ms WAMC-Ft Bragg

Use drop down to select CM.

Start Date - Time: 03/27/2007 14:48 hrs.

Termination Date: / /

When Closed.

Reason for Care Plan termination:

- 1. Treatment goals met
- 2. Patient relocated
- 3. Patient non-compliant with Care Plan
- 4. Unable to contact patient
- 5. Patient no longer wants case management
- 6. Patient expired
- 7. Other

Duration this visit: 0 hrs. 00 min. Submit Hours

Total time: 0 hrs. 00 mins.

Calculate per event.

Patient agrees to be contacted for survey

Ask Patient.

Acuity level: Click to view Acuity Level Guide

Summary of health history and current medical status

Patient related contacts and phone numbers

You must save this record before adding any patient contacts

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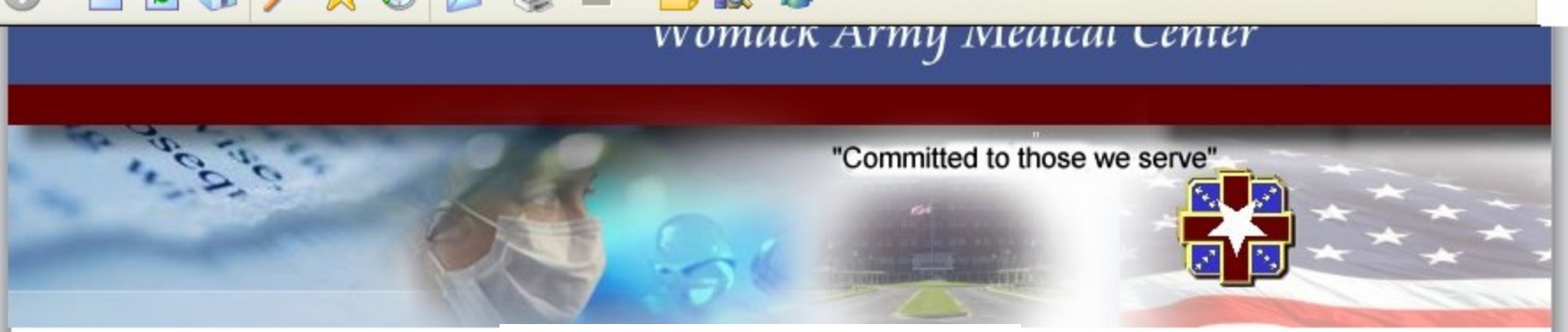
File Edit View Favorites Tools Help
Back Search Favorites
Address https://amedwswamc0105/cmis/StaticPages/AcuityGuide.aspx
Go

# Acuity Level Stratification Guidelines

| Acuity Level | Description | Time on Case | Number of Ancillary Services | Examples |
|---|---|---|---|---|
| **Level 1 (low risk)** | * Routine discharge planning<br>* Needs/goals are met with minimal interventions.<br>* DCP manages discharge planning | * 1-2 hours total/month<br>* Less than 15 mins/week | * 1-2 | * Shadow w/HealthNet<br>* Home Health more than 2 weeks<br>* Limited IV therapy more than 2 weeks<br>* Single disciplines/DME<br>* Acute Rehab less than 2 weeks<br>* Minimal education needs<br>* Minimal referral needs |
| **Level 2 (stable)** | * Stable with ongoing needs<br>* Chronic care intervention<br>* Infrequent ER/IP utilization | * 2-5 hours total/month<br>* 15-45 mins/week | * 1-3 | * Long term IV therapy more than 2 weeks<br>* Multiple DME needs<br>* 2-3 HH/OP Disciplines<br>* Short term Rehab/SNF (2-3 weeks)<br>* Stable with ongoing needs<br>* Monthly phone calls<br>* Multiple referral needs w/coordinator |
| **Level 3 (at risk)** | * Stable with more complicated ongoing needs<br>* Frequent ER/IP utilization | * 4-6 hours/month<br>* 45-75 mins/month | * More than 3 | * Rehab<br>* Long Term SNF/LTAC<br>* Phone calls more than monthly<br>* ADSM out of area con leave requiring services |
| **Level 4 (high risk)** | * Multiple acute needs<br>* Unstable with frequent needs | * More than 5 hours/month<br>* More than 75 mins/week | * More than 3 | * Congressional Involvement<br>* Catastrophic/critical cases<br>* Unstable with frequent needs/multiple phone calls<br>* Complicated SNF/Rehab Cases/LTAC<br>* ADSM in VA Facility<br>* ADSM requiring MEB |

Done
Local intranet

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Nursing diagnoses/problems list and other comments

You must save this record before adding any nursing diagnoses of problems

Patient's goals and preferences for continued care (must be pateint specific measurable)

Add Time Line.

You must save this record before adding any patient goals

Nursing Interventions

You must save this record before adding any nursing interventions

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Medications (prescribed and OTC)

DMEs

Other services

Referral needs

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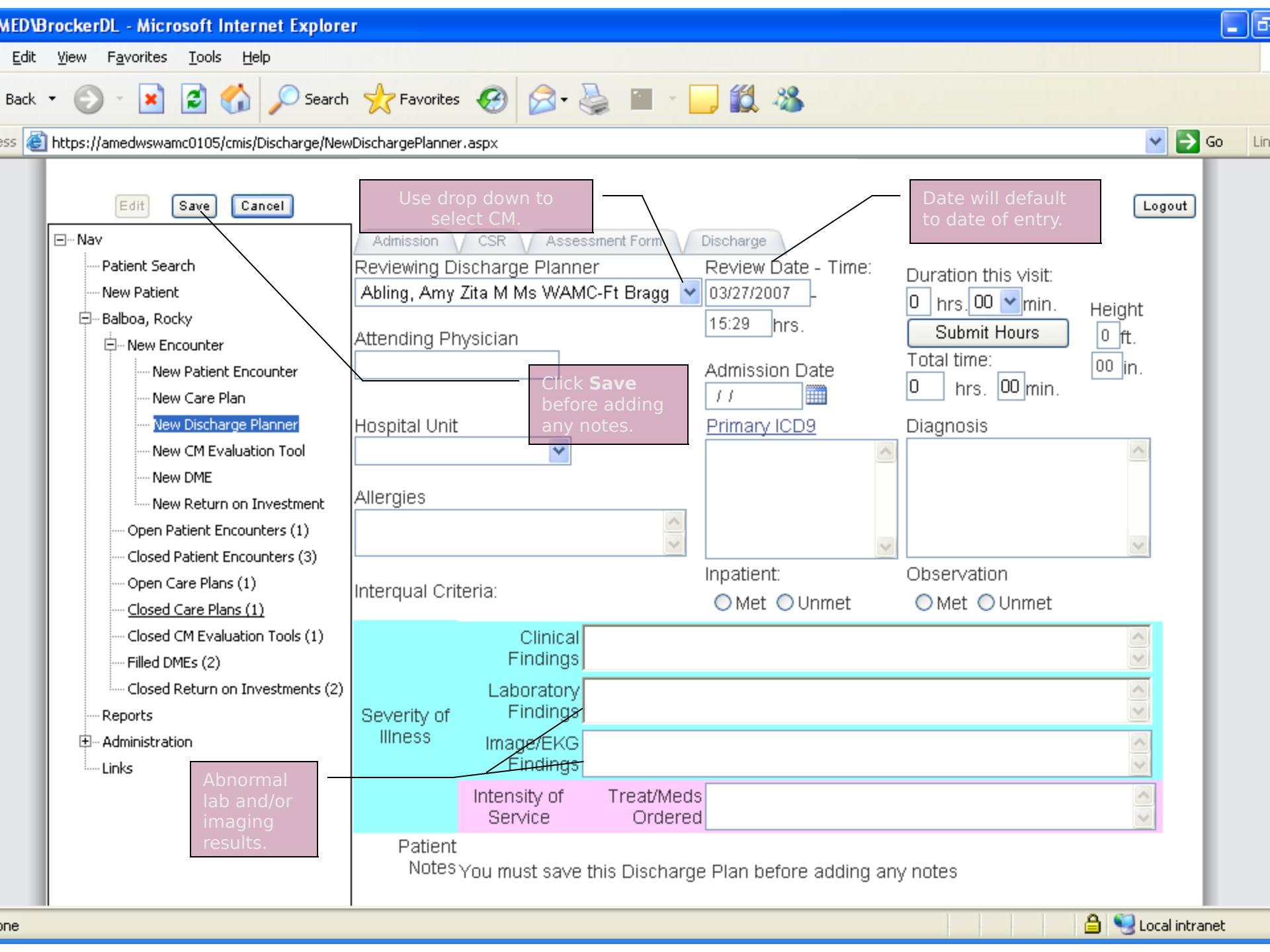
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Closed Return on Investments (2)
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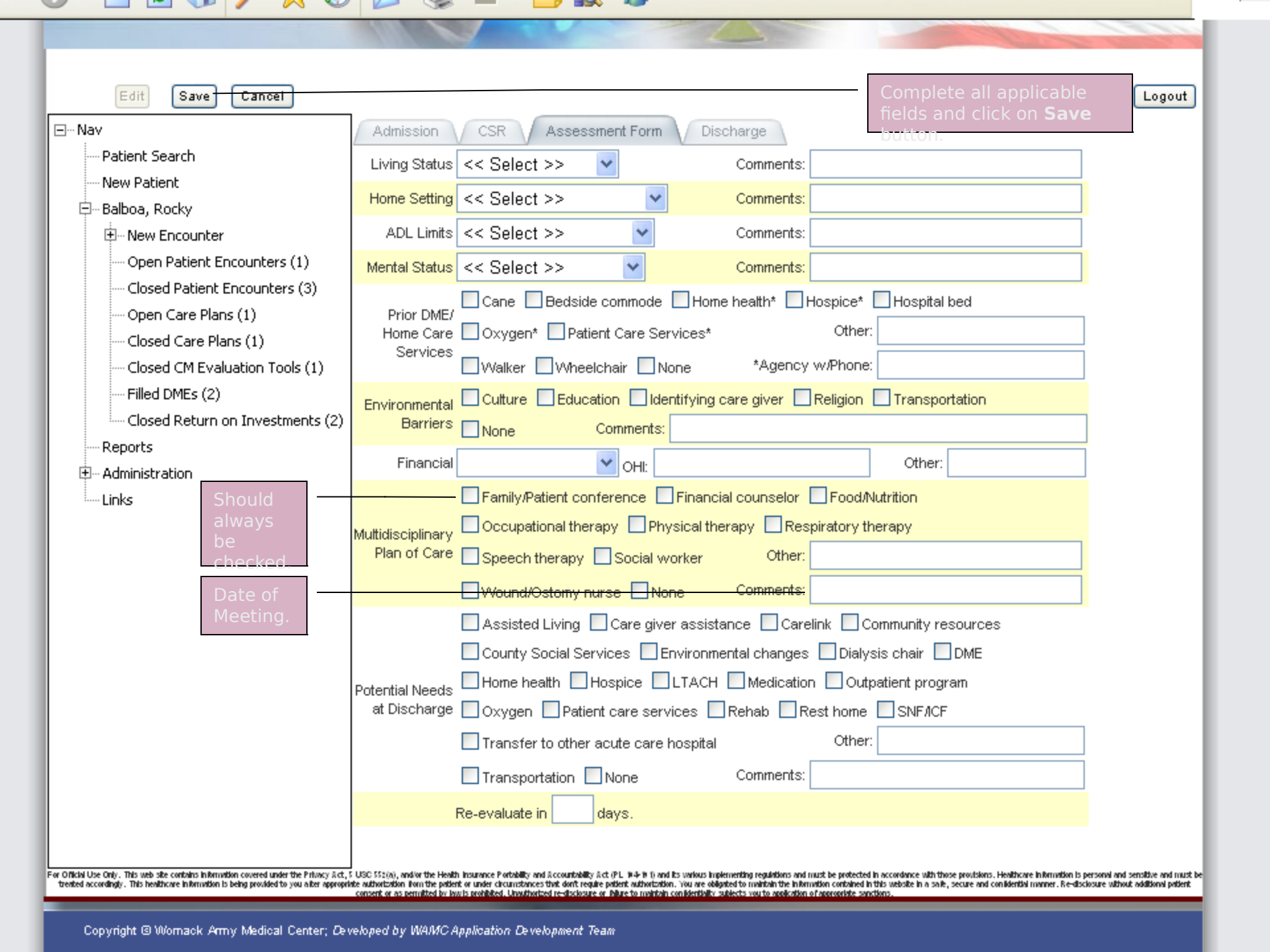
Admission
CSR
Assessment Form
Discharge
Reviewing Discharge Planner
Abling, Amy Zita M Ms WAMC-Ft Bragg
Review Date - Time:
03/27/2007
15:29 hrs.
Duration this visit:
0 hrs. 00 min.
Submit Hours
Total time:
0 hrs. 00 min.
Height
0 ft.
00 in.
Attending Physician
Click Save before adding any notes.
Admission Date
/ /
Hospital Unit
Primary ICD9
Diagnosis
Allergies
Interqual Criteria:
Inpatient:
Met Unmet
Observation
Met Unmet
Severity of Illness
Clinical Findings
Laboratory Findings
Image/EKG Findings
Abnormal lab and/or imaging results.
Intensity of Service
Treat/Meds Ordered
Patient Notes
You must save this Discharge Plan before adding any notes
Local intranet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CSR
Assessment Form
Discharge
Living Status
<< Select >>
Comments:
Home Setting
<< Select >>
Comments:
ADL Limits
<< Select >>
Comments:
Mental Status
<< Select >>
Comments:
Prior DME/ Home Care Services
Cane
Bedside commode
Home health*
Hospice*
Hospital bed
Oxygen*
Patient Care Services*
Other:
Walker
Wheelchair
None
*Agency w/Phone:
Environmental Barriers
Culture
Education
Identifying care giver
Religion
Transportation
None
Comments:
Financial
OHI:
Other:
Should always be checked.
Multidisciplinary Plan of Care
Family/Patient conference
Financial counselor
Food/Nutrition
Occupational therapy
Physical therapy
Respiratory therapy
Speech therapy
Social worker
Other:
Date of Meeting.
Wound/Ostomy nurse
None
Comments:
Potential Needs at Discharge
Assisted Living
Care giver assistance
Carelink
Community resources
County Social Services
Environmental changes
Dialysis chair
DME
Home health
Hospice
LTACH
Medication
Outpatient program
Oxygen
Patient care services
Rehab
Rest home
SNF/ICF
Transfer to other acute care hospital
Other:
Transportation
None
Comments:
Re-evaluate in
days.
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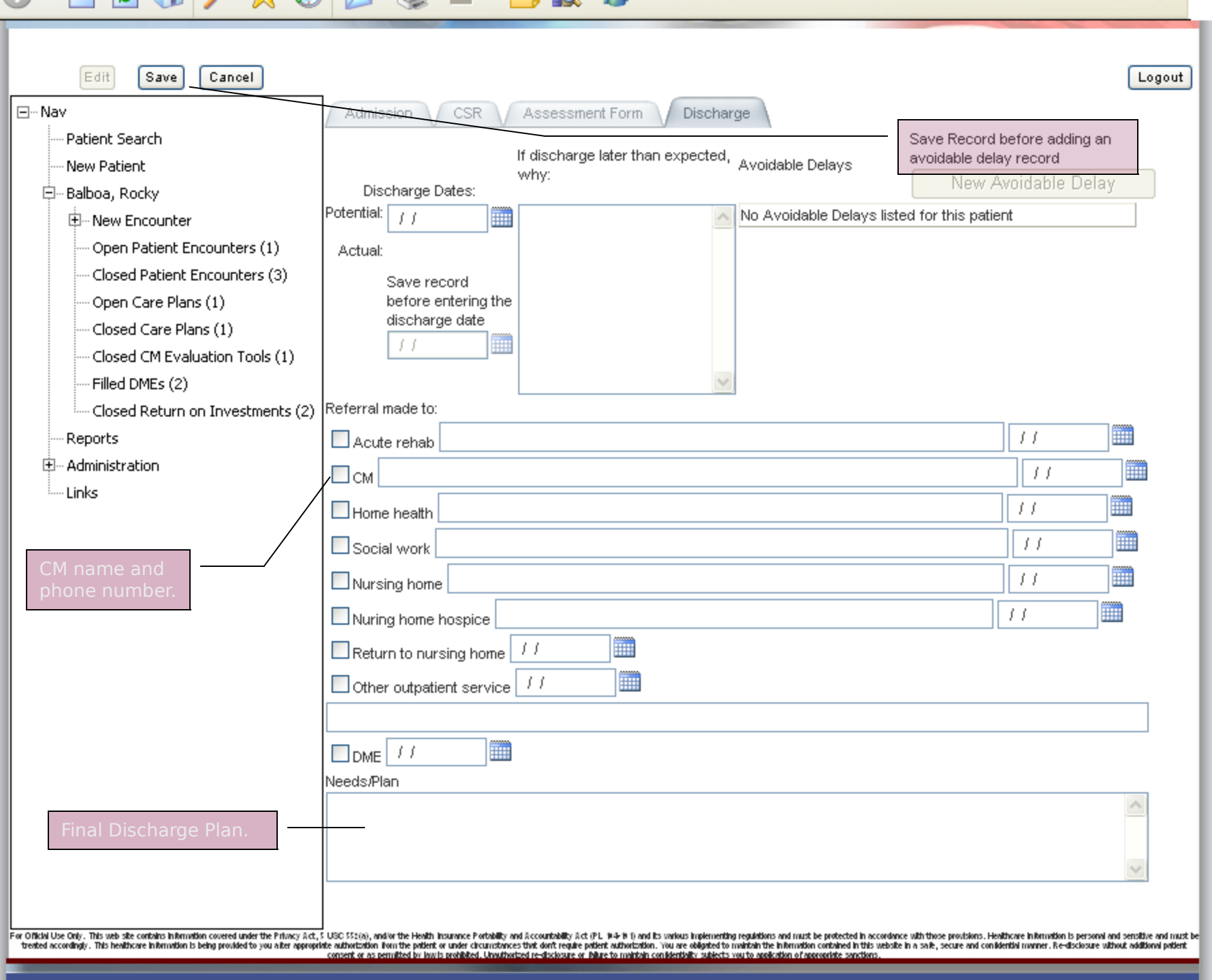


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| | Radiology Issues | Operating Room Issues | Laboratory Issues |
|---|---|---|---|
| ☐ 1. Nursing Issue | ☐ 1. Delay in Scheduling | ☐ 1. Delay in Scheduling | ☐ 1. Lab not drawn |
| ☐ 2. Hospital Issue (Non-Nursing) | ☐ 2. Equipment Unavailable | ☐ 2. Equipment Unavailable | ☐ 2. Repeat Test |
| ☐ 3. Respiratory | ☐ 3. Supplies Unavailable | ☐ 3. Supplies Unavailable | ☐ 3. Test Not Available in-house |
| ☐ 4. Cardiac Cath Lab | ☐ 4. Repeat Exam | ☐ 4. Patient Bumped from OR List | ☐ 4. Awaiting Test Results |
| ☐ 5. Pharmacy Issues | ☐ 5. Weekend/After Hours Sevices Not Available | ☐ 5. Weekend/After Hours Sevices Not Available | ☐ 5. Lab not drawn due to testing schedule |
| | ☐ 6. Awaiting Test Results | | ☐ 6. Awaiting Pathology Report |

| Physician Management Related | | Discharge Planning Activities Related | |
|---|---|---|---|
| ☐ 1. Inadequate Preadmission Tests | ☐ 7. Other Reasons, Not Classified | ☐ 1. Subacute Care Indicated by InterQual | ☐ 7. Inability to Transfer to Lower Level of Care |
| ☐ 2. Incomplete Workup | ☐ 8. Does not meet current level of care | ☐ 2. Rehab Bed Unavailable | ☐ 8. Inability to Transfer to Higher Level of Care |
| ☐ 3. Lack of Daily MD Progress Notes | ☐ 9. Procedure should have been Outpatient | ☐ 3. SNF/ICF Rest Home Bed Unavailable | ☐ 9. Medication Arrangements |
| ☐ 4. MD Treatment Delay (Untimely manner) | ☐ 10. Does not meet Critical Care Criteria | ☐ 4. Acute Care Bed Not Available in another Facility | ☐ 10. Home Health Arrangements |
| ☐ 5. Treatment Plan Unclear | ☐ 11. Does not meet Admission Criteria | ☐ 5. Transportation Problems | ☐ 11. Med Equipment Arrangements |
| ☐ 6. Consult Delay (> 24 hrs) | ☐ 12. Patient Admitted One Day Pre-Op | ☐ 6. Meets Inpatient Hospice Criteria | |

| Patient and Family Related | | Other - Not Classified | |
|---|---|---|---|
| ☐ 1. Patient/Family Issues | ☐ 2. Other Reasons, Not Classified | ☐ 4. Nosocomial Infection with Increased LOS | ☐ 6. Hospital Related Event resulting in increased LOS |
| | ☐ 3. Unplanned Return to OR | ☐ 5. Alteration in Skin Integrity | ☐ 7. Medication Event resulting in increased LOS |

# Womack Army Medical Center

Edit | Save | Cancel

Complete all applicable fields and click on **Save** button.

Logout

- Nav
  - Patient Search
  - New Patient
  - Balboa, Rocky
    - New Encounter
      - New Patient Encounter
      - New Care Plan
      - New Discharge Planner
      - New CM Evaluation Tool
      - New DME
      - New Return on Investment
    - Open Patient Encounters (1)
    - Closed Patient Encounters (3)
    - Open Care Plans (1)
    - Closed Care Plans (1)
    - Closed CM Evaluation Tools (1)
    - Requested DMEs (2)
    - Closed Return on Investments (2)
  - Reports
  - Administration
  - Links

Direct Cost Savings/Avoidance | Indirect Cost Savings Outcomes

Use drop down to select CM.

CM/DCP to get credit: Abling, Amy Zita M Ms WAMC-Ft Bragg

Start Date - Time: 03/27/2007 14:57

End Date: / /

Close Date.

Duration this visit: 0 hrs. 00 min. Submit Hours Total time: 0 hrs. 00 mins.

Method of cost avoidance/savings

<< Select >>

Quantitative cost of avoided care $

Actual/Estimated cost of care: $

Cost savings Unknown

Make a selection even if there is no cost.

Notes:

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Direct Cost Savings/Avoidance | Indirect Cost Savings Outcomes

## Humanistic Outcomes

- [ ] Facilitated patient/family satisfaction as evidenced by case management survey
- [ ] Facilitated provider satisfaction as evidenced by case management survey
- [ ] Facilitated improved quality of life for the patient as evidenced by satisfaction with Case Management services
- [ ] Facilitated improved quality of life as evidenced by satisfaction with Discharge Planning services

## Quality Outcomes

- [ ] Facilitated appropriate follow-up care/appointments
- [ ] Facilitated Patient Self-Management/Care
- [ ] Facilitated compliance with chronic pain management Treatment Plan
- [ ] Facilitated referral to Disease Case Management
- [ ] Provided appropriate education materials/instructions (such as: medication management, disease process)
- [ ] Facilitated decreased fragmentation of care/services
- [ ] Facilitated access to Specialty Services
- [ ] Facilitated Health Seeking Behavior

i.e.: Mammo, PAP.

- [ ] Facilitated obtaining a Primary Care Manager
- [ ] Facilitated Providers ability to optimally treat patient healthcare needs by addressing complex & time consuming Psycho-social Issues impacting Health & Quality of Life

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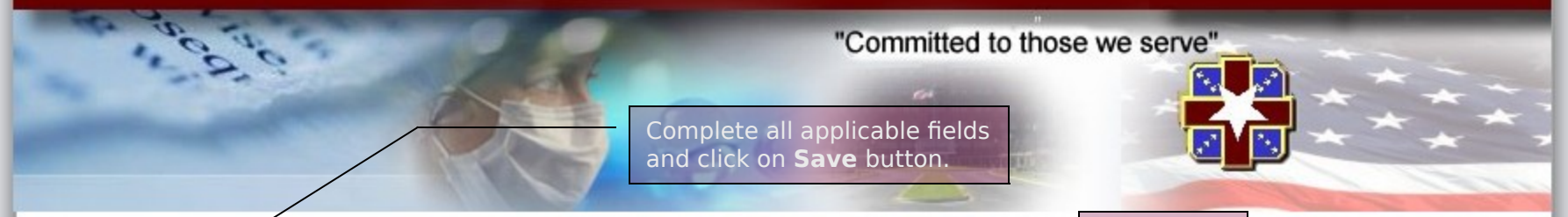


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Date will default to date of entry.

Use drop down to select CM.

Close date.

CM/DCM: Abling, Amy Zita M Ms WAMC-Ft Bragg

Date - Time of Request: 03/27/2007 - 14:56 hrs.

Date of completion: / /

Duration this visit: 0 hrs. 00 min. Submit Hours Total time: 0 hrs. 00 mins.

DMEs provided by:

Phone:

- [ ] Apnea Monitor
- [ ] Bedside Commode
- [ ] Bili Blanket
- [ ] Blood Glucose Monitor
- [ ] Bone Stimulator
- [ ] Continuous Icing Device
- [ ] Crutches
- [ ] Hospital Bed
- [ ] IV Pump
- [ ] IV Supplies
- [ ] JAS Brace
- [ ] Nebulizer
- [ ] Orthotics
- [ ] Orthotic/Prosthetic Accessories and/or parts

Other

- [ ] Oxygen
- [ ] Prosthetics
- [ ] Pulse Oximeter
- [ ] TENS unit
- [ ] Tube Feeding Pump
- [ ] Tube Feeding Supplies
- [ ] Walker, rolling
- [ ] Walker, standard
- [ ] Wheelchair
- [ ] Wound VAC
- [ ] NAS Obtained
- [ ] Rx and other forms completed and signed by Medical Provider
- [ ] DME Provider Notified
- [ ] Forms faxed to DME Provider

CHCS Referral

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